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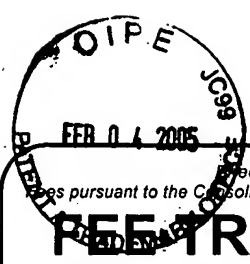
PTO/SB/24 (09-04)

|   |                        |                  |
|---|------------------------|------------------|
| <b>TRANSMITTAL FORM</b><br><br>(to be used for all correspondence after initial filing) | Application Number     | 10/803,814       |
|   | Filing Date            | March 17, 2004   |
|   | First Named Inventor   | Algiene, Kenneth |
|   | Art Unit               | 2876             |
|   | Examiner Name          |                  |
|   | Attorney Docket Number | 020375-048200US  |
| Total Number of Pages in This Submission  | 1                      |                  |

| ENCLOSURES (Check all that apply)   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached   | <input checked="" type="checkbox"/> Drawing(s) (2 Replacement Sheets)<br><input type="checkbox"/> Licensing-related Papers   | <input type="checkbox"/> After Allowance Communication to TC   |
| <input checked="" type="checkbox"/> Preliminary Amendment<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)   | <input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)                   |
| <input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement   | <input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD          | <input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <b>Remarks</b> The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.  |  |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT |                                    |          |        |
|--|------------------------------------|----------|--------|
| Firm Name                                  | Townsend and Townsend and Crew LLP |          |        |
| Signature                                  |                                    |          |        |
| Printed name                               | Stephen F. Jewett                  |          |        |
| Date                                       | February 4, 2005                   | Reg. No. | 27,565 |

| CERTIFICATE OF TRANSMISSION/MAILING  |                |      |                  |
|--|----------------|------|------------------|
| Express Mail Label: EV 470761319 US  |                |      |                  |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date <b>February 4, 2005</b> and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                |      |                  |
| Signature  |                |      |                  |
| Typed or printed name  | Bonnie Rickles | Date | February 4, 2005 |



FEB 04 2005

Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**TRANSMITTAL**  
**For FY 2005**☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT**

(\$) 650

**Complete if Known**

|                      |                  |
|----------------------|------------------|
| Application Number   | 10/803,814       |
| Filing Date          | March 17, 2004   |
| First Named Inventor | Algiene, Kenneth |
| Examiner Name        |                  |
| Art Unit             | 2876             |
| Attorney Docket No.  | 020375-048200US  |

**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES  |          | SEARCH FEES  |          | EXAMINATION FEES |          | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
|                  | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity     | Fee (\$) |                |
| Utility          | 300          | 150      | 500          | 250      | 200              | 100      |                |
| Design           | 200          | 100      | 100          | 50       | 130              | 65       |                |
| Plant            | 200          | 100      | 300          | 150      | 160              | 80       |                |
| Reissue          | 300          | 150      | 500          | 250      | 600              | 300      |                |
| Provisional      | 200          | 100      | 0            | 0        | 0                | 0        |                |

**2. EXCESS CLAIM FEES****Fee Description**

|   | Small Entity | Fee (\$) | Fee (\$) |
|---|--------------|----------|----------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            | 50           | 25       |          |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200          | 100      |          |
| Multiple dependent claims   | 360          | 180      |          |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|---------------|
| 30           | 20 or HP = 9 | \$50     | \$450         |                           |          |               |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
| 8             | -3 or HP = 1 | \$200    | \$200         |

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 =      | / 50 =       | (round up to a whole number) x                   |          |               |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

**SUBMITTED BY**

Signature

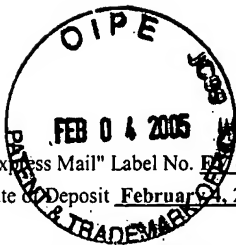
Registration No.  
(Attorney/Agent) 27,565

Telephone 303-571-4000

Name (Print/Type)

Stephen F. Jewett

Date February 4, 2005



"Express Mail" Label No. EA 470761319 US

Date of Deposit February 04, 2005

PATENT

Attorney Docket No.: 020375-048200US

I hereby certify that this is being deposited with the United States Postal Service "Express Mail Post Office to Address" service under 37 CFR 1.10 on the date indicated above and is addressed to:

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

By:

*Bonnie Reckles*

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

Kenneth Algiene

Application No.: 10/803,814

Filed: March 17, 2004

For: CARD DISPLAY SYSTEM AND  
METHOD

Customer No.: 20350

Confirmation No. 5909

Examiner:

Technology Center/Art Unit: 2876

PRELIMINARY AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Prior to examination of the above-referenced Application, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.

An **Appendix** including new substitute (formal) drawings is attached following page 9 of this paper.

02/09/2005 ANABI 00000157 201430 10803814  
01 FC:1202 450.00 DA  
02 FC:1201 200.00 DA